

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

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|-------------------------------|-------------------------------------|---|
| 42 CFR 435.310 | <input checked="" type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input checked="" type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:
<ul style="list-style-type: none">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;b. Were eligible as medically needy in December 1973 as blind or disabled; andc. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. 91-19
Supersedes
TN No. _____

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Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

91-22

1-22-92
10-1-91